

EmcArts Webinar Series: Pathways to Resilience

April/May 2020

We used Edward De Bono's invention, the methodology Six Thinking Hats, to consider a radical new proposition from a community-based group in a town in Maine. The complex challenge being investigated was:

To enable artists and art work to become essential parts of community life

And the Radical New Vision proposed as a significant part of future success in tackling this challenge was:

Doctors prescribe art-making for mental health and physical well-being.

Here's how people on the call (around 75 individuals) responded as we rapidly went through a sequence of Hats.

RED HAT (1) [My feelings about it, now]

Awesome
LOVE
Excited
Yes!
Love
Perfect
Excited
Comforting
Great!
Hopeful
Thankful
Not a new idea

Awesome
Hesitation
Fantastic!
Intrigued
Curious
Validating
Possibility
Relieved
Meaningful
That's innovative!
Potential for really invigorating the team
Empowering
Needed

YELLOW HAT [Potential benefits, upsides]

Health and well-being!
Health improves and the value of the arts is recognized
Reduces health costs elsewhere
Wider engagement
Connection
Enjoyable and useful
Holistic healing
Lower recidivism, lower healthcare costs
Introducing more people to the arts
Many people actively engaging in creation
Acceptance

Legitimization of the arts
More positive mental wellness
Accessible arts for everyone!
Making art/artists visible
Better society
Spiritual health will be as valued as western approaches
Builds community
Better health care
Long-term healthiness
Improved community health
Relationship development
Positive, uplifting

Body-mind connection increased
Healthy expression
Artists at the table!
Better impact on those around the patient
Destigmatization of mental health issues
Giving people a chance to access something they might not otherwise access
Balancing our being humans
Moving away from symptom treatment
Higher productivity
Re-defines artists as essential
Cross-sector awareness of art as a community benefit
Treating the person as a person not a list of symptoms
Greater activity

BLACK HAT [Potential downsides, areas to focus on, pitfalls]

Hard to quantify results
Doctors won't believe that art will actually heal
Proving its worth
How success is measured
Over-promising results
Less emphasis on excellence
Encourages patterns of avoidance
Making this a gimmick
HIPAA issues
Doctors are significantly late adopters
Quack practitioners
Doctors don't buy in
How to conduct double blind trial
What does it actually mean/involve?
Not art is relaxing, but challenging
Artists become social workers
Insurance companies won't understand how to value
Equity issues with accessibility of art-making resources
Too cavalier with serious conditions
How is the decision made about which art to prescribe?

Art as medicine
Cross-cultural communication
Less social isolation
Medical recognize arts
Respect for artists
Flattening of the power structure of doctor as god
Creativity as essential
Opening mind to positive growth
Equity
Understanding of art benefits
Art becomes healing
Role for arts teachers as spiritual guides
Alternative to talk therapy for people who have trouble articulating their feelings

Is the prescription appropriate?
Not all art is equally appropriate for all people
Patient resistance
Access to materials
Traditional funders may not understand cross-sector work like this
"Over-prescribing" reduces intended outcomes
The art/artists might not be "good" - how do aesthetics fit in?
Many communities of color are suspicious of the medical community
Insurance coverage
Disrupts "physical" health treatment and confuses patients
Art seems primarily therapeutic
Art costs can be prohibitive for average person
Who will pay for the prescription? Pay artists in particular?
What happens to the art that is made?
Everyone thinks they're an artist now, and de-values professional / long-time training

GREEN HAT [Creative, alternative strategies to disturb the status quo and make it happen]

Getting full community to understand the concept
Artists are alongside the physician at the intake process
Compulsory arts education
Introduce this into our schools
Engage the medical as collaborators
Training doctors to learn to see art
Artists' studios and doctors' offices in one office building
Artists and arts educators are embedded in health centers/medical offices
Before a mental health problem is diagnosed, have arts fully integrated throughout life cycles as a preventative step
View art-making as preventative medicine, not just treatment
Doctors have arts in their locations to use as examples
Include artists in medical training
Getting doctors to learn about arts first
Medical schools offer arts training

WHITE HAT [information needed and sources]

How much will it cost?
is there research to back this up?
Are doctors willing to participate?
Does art making actually improve mental/physical health?
Existing studies/data as related to art and healing
Which doctors are inclined to embrace this approach?
Where do we find the doctors who want to be the first ones in?
Who is evaluating this project?
What physicians are accessible in our communities?
Who will partner?

Use Visual Thinking Strategies as part of the diagnosis process
Put artists on AMA board
Team up with physical therapists
Merge art with other academic studies especially the sciences.
Partnership with community health practitioners, both formal and alternative healers
Doctors take more arts therapy courses
Engage the medical community as "wellness patients" of art themselves
Seeing doctors as creative thinkers
Positively challenge the often narrow definition of creativity
Doctors have to take art classes
Embrace science as creative
Have insurance companies/healthcare centers financially incentivize arts strategies
Have studios in hospitals
Artists have to take science classes
Team up with cognitive neuroscience
Help artists understand how to talk about their art in ways that speak to mental and physical well-being

Talk to people who've engaged in arts therapy previously
How does one get qualification?
Frameworks and toolkits from other programs that this worked with
What tools/materials will most patients need?
We need to explore the ideas with the scientific community and the art community
Are there risks to prescribing art - can it do more damage than good?
Are artists and doctors committed to the outcome?
Who we do consider as the practitioners?
Not just formal doctors.

How do we set up infrastructure to support it?
What are potential pitfalls?
Which artists have worked in community?
And what were their impressions/approach?
Are there interested community partners?
How can we ensure quality “treatment?”
Are there art therapy techniques already in place that we can use?
Are there other jurisdictions who do this kind of work?
How do we get the doctors to share outcomes?

RED HAT 2 [My feelings about it, now]

Hopeful
EXCITED!!
Intrigued
Hard
Inspired
Exciting
Opportunity
In-depth
Cautious but hopeful
Energized
Hopeful
Possible
Exciting

Consult with therapists working in different disciplines/mediums - what works best for whom?
Who are the community partners for audience reach?
What does data collection look like?
Who decides what art to prescribe?
Are there good spokespeople we can work with?
Look to research and present it to the larger community, especially the educational community
How do we effectively communicate this to potential patients as a valid alternative?
What does the wellness/mindfulness community think/do?

Bring it on
Enthused
Worried
Provocation to society
Ambitious!
Yes!
Excited. Let's do it!
Needed right now!
Optimistic
Questioning
This is so amazing - I can hardly wait to share with my team!
Our health care providers could use this right about now!